Organization:		Kansas De	partment for Aging an	d Disability Services	Electric
Assessor Name:		-			Physical Impairment
Assessor Nume.					Nadication Assist
		<u> </u> -			Medication Assist
Assessor Phone:		Fu	nctional Assessment	Instrument	Medication Assist Cognitive/MH issues No Informal Support
			LICDS Marriage		
Assessment Date:			HCBS Wavier: FE	PD TBI	None
Assessment Time:		KAMIS ID #:		-	tly on Waiting List
Floriti			CUSTOMER INFORM		
First: Last:				 M.I Nickname	
Birth Date				Ag	
	Month	Day	Year	Gende	
Marital Status:	☐ Single	☐ Married		☐ Divorced	
Veteran?		☐ Yes		ncome below poverty level?	
Spouse of Veteran? Receives Veteran Ben	ofite)	☐ Yes ☐ Yes	□ No □ No	Does Customer live alone?	☐ Yes ☐ No
Social Security #:	lentsr		dicare #:	Medicaid	#-
Social Security II.					
Communication:					
Expresses information	n content, howev	ver able:	☐ Understandable		Usually understandable
			☐ Sometimes unde		Rarely or Never understandable
Ability to understand however able:	others, verbal in	formation,	☐ Understands ☐ Sometimes unde	erstands \Box	Usually understands Rarely or Never understands
nowever able:			□ Sometimes unde	erstanus 🗆	Rarely of Never understands
Primary Language:	Speaks	Reads	Understands Orally	Ethnicity:	
Arabic				☐ Hispanic or Latin	0
Chinese				☐ Not Hispanic or I	
English				☐ Ethnicity Missing	
French				_	
German Hindi				Race: ☐ White Non-Hispa	nic
Pilipino				☐ White Non-Hispa ☐ White Hispanic	iiiic
Sign				☐ American Indian,	/Alaskan Native
Spanish				☐ Asian	
Tagalog				☐ Black or African	American
Urdu					or Other Pacific Islander
Vietnamese				☐ Reporting some	
Other: Interpreter Needed		Yes	□ No	☐ Reporting 2 or m	ore races
interpreter Needed	<u> </u>	ies	ADDRESS INFORMA	TION	
Residence Address:			ADDICESS IN ONIVIA	Customer's home i	s: 🗆 Rural 🗀 Urban
Street Address:				customer shome r	s. L Narai L Giban
City:	-	Count	<i>/</i> :	State:	Zip:
Phone:			Phone (alterna	te):	
Directions:					
Mailing or Alternative Street Address:	e Address:				
City:		Count	r	State:	Zip:
Phone:			Phone (alterna		
			ASSOCIATE INFORMA		
Emergency or Alterna	ative Contact:		Relationsh	•	
First Name: Street Address:			Last Name	:	
City:		Count	/:	State:	Zip:
Phone:		Count	Phone (alterna		
-			· ·	· ————	
Legal Guardian or DP	OA:	□ Health [Finance Relationsh	· -	
First Name:			Last Name	:	
Street Address: City:		Count	<i>r</i> ·	State:	7in:
Phone:		Count	/. Phone (alterna		Zip:
				•	

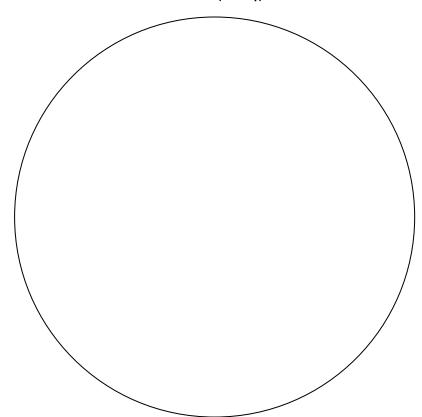
FAI – Page 2 – Functional for **HCBS/FE**

					Dat	:e			
	Function	al Assessm	ent Instrum	ent Scorin	g				
efinition of Code fo	yr Cognition		Code Sca	lo.		Mul	tiplier Gui	ido	
	lo impairment		0	ile		iviui	0	ue	
	npairment		1				1		
	Inable to Test		9				0		
ognition			Cognition (Code	Mul	ltiplier	W	eight	Total
Orientation (da	y of week, month, year, President)					Х	2	=	
3-Word Recall (pen, car, watch)					Х	2	=	
Spelling Backwa	ard (table)					Х	2	=	
Clock Draw (all	#'s, spacing of #'s, hands at 11:10)					Х	2	=	
(-	3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,					Su	m of Cogn	ition Score	
									<u></u>
efinition of Code fo	or ADL's and IADL's		Code Sca	le		Mul	tiplier Gui	ide	
	ndependent		1				0		
	upervision Needed		2				1		
	hysical Assistance Needed Inable to Perform		3 4				2		
	Hable to Ferroriii		4						
ctivities of Daily Liv	ring	A	DL Code		Mul	ltiplier	W	eight	Total
Bathing						X	4	=	
Dressing						Х	3	=	
Toileting						X	5	=	
Transferring						X	5	=	
Walking, Mobili	ty					X	3	=	
Eating						X	4	=	
							Sum of	ADL scores	
nstrumental Activiti	es of Daily Living	I.F	ADL Code		Mul	ltiplier	W	eight	Total
Meal Preparation						Х	5	=	
Shopping						Х	3	=	
	mant					X	4		
Money Manage	ment						3	=	
								=	
Transportation						X			
Use of Telephor						Х	3	=	
								=	
Use of Telephor Laundry, House						Х	3		
Use of Telephor Laundry, House	keeping					X X	3 3 5	=	
Use of Telephor Laundry, House Medication Mar	keeping nagement, Treatment					X X	3 3 5	= =	
Use of Telephor Laundry, House Medication Mar	keeping nagement, Treatment inence: (code current performance for cli	ent)	Yes	No		X X	3 3 5	= =	
Use of Telephor Laundry, House Medication Man ladder/Bowel Cont Continent (do n	keeping nagement, Treatment inence: (code current performance for cli ot multiply out)	ent)	Yes	No		X X X	3 3 5 Sum of I	= = ADL scores	ence
Use of Telephor Laundry, House Medication Mar	keeping nagement, Treatment inence: (code current performance for cli ot multiply out)	ent)	Yes	No		X X X	3 3 5 Sum of I	= = ADL scores	ence
Use of Telephor Laundry, House Medication Man ladder/Bowel Cont Continent (do n	keeping nagement, Treatment inence: (code current performance for cli ot multiply out) nt	lent)	Yes	No		X X X	3 3 5 Sum of I	= = ADL scores	ence
Use of Telephor Laundry, House Medication Mai ladder/Bowel Cont Continent (do n Usually Contine	keeping nagement, Treatment inence: (code current performance for cli ot multiply out) nt continent	ent)	Yes	No	category	X X X	3 3 5 Sum of I	= = ADL scores	T
Use of Telephor Laundry, House Medication Man ladder/Bowel Cont Continent (do n Usually Contine Occasionally Inco	keeping nagement, Treatment inence: (code current performance for cli ot multiply out) nt continent	ent)	Yes	No	category	X X X ner has any of the control of	3 3 5 Sum of L	= = ADL scores	T
Use of Telephor Laundry, House Medication Man ladder/Bowel Cont Continent (do n Usually Contine Occasionally Inc	keeping nagement, Treatment inence: (code current performance for cli ot multiply out) nt continent	ient)	Yes	No	category	X X X ner has any of the second of the secon	3 3 5 Sum of I	= = ADL scores The the continue eight = =	ence
Use of Telephor Laundry, House Medication Man ladder/Bowel Cont Continent (do n Usually Contine Occasionally Inco	keeping nagement, Treatment inence: (code current performance for cli ot multiply out) nt continent	ient)	Yes	No	category	X X X ner has any of the second of the secon	3 3 5 Sum of I	= = ADL scores	T

FAI – Page 2a – Functional for **HCBS/FE**

Customer Name		Date	е			
Risks: Current or Recent Problems (check all that apply)	Yes / No	Mul	tiplier	We	eight	Total
Falls Last 1 month Last 6 month total		1	Х	3	=	
☐ Neglect ☐ Abuse ☐ Exploitation ☐ By others	□ N/A	1	Х	5	=	
Informal Support – check appropriate choice Yes – there is support <i>(do not multiply out)</i>			er has diffi enter 4 at		informal	support
Inadequate		Mul	tiplier	We	eight	Total
No – there is no support		1	Х	4	=	
Behavior: Check the appropriate choice(s) if any difficulty Wandering		If custom enter 5 at	er has diffic total:	cult in any	behavior c	ategory,
Socially Inappropriate/Disruptive		Mul	tiplier	We	eight	Total
Decision Making/Judgment		1	Х	5	=	
Impairment:						
Impaired Vision						
Impaired Hearing						
				Sum of I	Risk scores	
Total Score of all Cognitio	n, ADL, IADL, Co	ontinence an	d RISKS fo	or Thresho	old Guide	
Comments:						
ooniinend.						

Clock Draw (FE Only)



FAI – Page 2 – Functional for HCBS/PD

Customer Name					Date	j			
	Fu	nctional Asse	ssment Instrumer	nt Scorin	g				
Definition of Code for		at vogotativo o	stato			Scale 0		Guide	
No impairment or Not in a Comatose, persistent vegetative state Impairment or In a Comatose, persistent vegetative state					1		2		
						_		_	
Cognition			Cognition Co	de					
Comatose, persist	ent vegetative state							the Comat	
Memory Recall:						: vegetative enter 8 at t		Memory Re	ecall
Short-term n	nemory				category,	criter o at t	otai.		
Long-term m	emory				Mult	iplier	We	eight	Total
Memory/Red	all				2	Х	4	=	
, ,	·						n of Cogn	ition Score	
							<u> </u>		
Definition of Code for	ADL's and IADL's		Code Scale			Mul	tiplier Gui	de	
Independent			1				0		
Supervision N Physical Assis	stance Needed		3				1		
Unable to Pe			4				2		
Activities of Daily Livin	g		ADL Code		Mult	iplier	We	eight	Total
Bathing						Х	4	=	
Dressing						X	3	=	
Toileting						Χ	5	=	
Transferring						Х	5	=	
Walking, Mobility						Χ	3	=	
Eating						Χ	4	=	
							Sum of A	ADL scores	
	.								
Instrumental Activities	s of Daily Living		IADL Code		Mult	iplier		eight	Total
Meal Preparation						Х	5	=	
Shopping						Х	3	=	
Money Managem	ent					Х	4	=	
Transportation						Х	3	=	
Use of Telephone						Х	3	=	
Laundry, Houseke						Х	3	=	
Medication Mana	gement, Treatment					Χ	5	=	
							Sum of I	ADL scores	
Diadday/David Cautio		for allowal	Vaa	Na					
	ence: (code current performance	e for client)	Yes	No					
Continent (do not								the contin	ence
Usually Continent					category,	enter 5 at t	otai:		
Occasionally Inco							ı		
Frequently Incont	inent				Mult	iplier	We	eight	Total
Incontinent					1	Х	5	=	
						Sum	of Contine	nce scores	
			C T-	tal Score	of all Carrie	ion ADI I	VDI 254.0	ontinones	
			Sum 10	tai score	of all Cognit	IOII, ADL, I	ADL and C	ontinence	

FAI – Page 2a – Functional for **HCBS/PD**

Customer Name					Date	!			
Ricks: Current or Rece	ent Problems (check all that apply)	Vρ	s / No		Multi	iplier	\٨/ه	eight	Total
Falls Last 1 r		10	37110	1	Viait	Х	3	=	Total
	☐ Abuse ☐ Exploitation ☐ By others		N/A	1		Х	5	=	
	- check appropriate choice		.,		tome			informal su	ınnort
	s support (do not multiply out)					enter 4 at to		illioilliai se	аррогс
Inadequate				ſ	Multi	iplier	We	eight	Total
No – there is	s no support			1		Х	4	=	
Behavior: Check the a	ppropriate choice(s) if any difficulty			If cust	tome	er has diffici	ult in any	behavior ca	tegory,
Wandering				enter	5 at	total:			
Socially Inap	propriate/Disruptive			ſ	Multi	iplier	We	eight	Total
Decision Ma	king/Judgment			1		Х	5	=	
Impairment:					•				
Impaired Vis	ion								
Impaired He	aring								
							Sum of F	Risk scores	
	Total :	Score of	all Cogniti	on, ADL, I	ADL	and RISKS f	or Thresh	old Guide	
Crisis Exception (PD V	/aiver Only)	Yes	No			C	Comments	s:	
DCF APS confirm	ed abuse, neglect, or exploitation case								
	family unit dissolution (break-up) involving minor or dependent spouse								
	e end stages of a terminal illness, and life expectancy y a physician to be less than six (6) months								
Individual is the v	victim of domestic violence								
Comments:									

FAI – Page 2 – Functional for **HCBS/TBI**

Customer Name				Date				
Definition of Code for Cognition				Code	Scale		Multiplier	Guide
No impairment or Not in a Comatose, persistent vegetative state				Code			0	Guiac
Impairment or In a Comatose, persistent vegeta	_			-	<u> </u>		2	
						*		
Cognition		C	ognition Code	If customo	r has any s	lifficulty in	tha Cama	toco
Comatose, persistent vegetative state				If custome persistent				
Memory Recall:				category, e	_		ivicinory iv	ccun
Short-term memory				9 //				
Long-term memory				Multi	olier	We	eight	Total
Memory/Recall				2	Χ	4	=	
					Sur	m of Cogn	ition Score	
Definition of Code for Cognition Deficits, ADL's and IADL	's Code	Scale	Definition of Code	for Cognition	Deficits, A	DL's and I	ADL's (ode Scale
No Problem	0			e Problems				4
Minimal Problems	1			e to Severe Pro	blems			5
Mild Problems	2		Severe Pr	oblems				6
Mild to Moderate Problems	3	3						
Cognition Deficits		Cognit	ion Code		Multi	iplier		Total
Attention and Concentration		200		Х	171010	1	=	· Otal
Comments:				^		-		
Learning and Memory				Х		1	=	
Comments:							_	
Judgment and Perception				Х		1	=	
Comments:				٨		т	_	
				Х		1	=	
Initiation and Planning Comments:				^		1	=	
				V		1		
Communication Comments:				X		1	=	
comments.					ium of Cos	nition De	ficits Score	
Definition of Code for Behavior/Emotional Deficits	Code Sca	ale	Definition of Co		r/Emotior	nal Deficit	s Co	de Scale
Absent	0	ale	Frequent		r/Emotior	nal Deficits	s Co	3
Absent Rarely	0	ale	Frequent Daily		r/Emotior	nal Deficits	s Co	3
Absent	0	ale	Frequent		r/Emotior	nal Deficits	s Co	3
Absent Rarely Occasionally	0 1 2		Frequent Daily		r/Emotion		s Co	3
Absent Rarely Occasionally	0 1 2		Frequent Daily Hourly				s Co	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits	0 1 2		Frequent Daily Hourly	ly		iplier		3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior	0 1 2		Frequent Daily Hourly	ly		iplier		3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments:	0 1 2		Frequent Daily Hourly	x		iplier	=	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others	0 1 2		Frequent Daily Hourly	x		iplier	=	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments:	0 1 2		Frequent Daily Hourly	X X		iplier 1	=	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments:	0 1 2		Frequent Daily Hourly	X X		iplier 1	=	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property	0 1 2		Frequent Daily Hourly	X X		iplier 1 1	= = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments:	0 1 2		Frequent Daily Hourly	x x x		iplier 1 1	= = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering	0 1 2		Frequent Daily Hourly	X X		iplier 1 1 1 1	= = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering Comments:	0 1 2		Frequent Daily Hourly	X X X		iplier 1 1 1 1	= = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering Comments: Withdrawal	0 1 2		Frequent Daily Hourly	x x x		iplier 1 1 1 1	= = = = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering Comments: Withdrawal Comments:	0 1 2		Frequent Daily Hourly	X X X X X X		1 1 1 1 1 1	= = = = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering Comments: Withdrawal Comments: Susceptibility to Victimization	0 1 2		Frequent Daily Hourly	X X X		iplier 1 1 1 1	= = = = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering Comments: Withdrawal Comments:	0 1 2		Frequent Daily Hourly	X X X X X X X X X X X X X X X X X X X	Multi	iplier 1 1 1 1 1 1	= = = = =	3 4 5
Absent Rarely Occasionally Behavior/Emotional Deficits Self-Injurious Behavior Comments: Hurtful to Others Comments: Destruction of Property Comments: Socially Offensive Behavior Comments: Wandering Comments: Withdrawal Comments: Susceptibility to Victimization	0 1 2		Frequent Daily Hourly	X X X X X X X X X X X X X X X X X X X	Multi	iplier 1 1 1 1 1 vior/Emoti	= = = = =	3 4 5

FAI – Page 2 – Functional for **HCBS/TBI**

Customer Name				Date	<u> </u>			
<u> </u>				_				T
activities of Daily Living	AI	DL Code			Mul	tiplier		Tota
Bathing				Х		1	=	
Dressing				Х		1	=	
Toileting				Х		1	=	
Transferring				Х		1	=	
Walking, Mobility				Х		1	=	
Eating				Х		1	=	
						Sum o	f ADL scores	<u> </u>
nstrumental Activities of Daily Living	IA	DL Code			Mul	tiplier		Tota
Meal Preparation				Х		1	=	
Shopping				Х		1	=	
Money Management				Х		1	=	
Transportation				Х		1	=	
Use of Telephone				Х		1	=	
Laundry, Housekeeping				Х		1	=	
Medication Management, Treatment				Х		1	=	
ladder/Bowel Continence: (code current performance f Continent (do not multiply out)	for client)	Yes	No	If sustame	m bas anu	difficulty	in the centin	0000
							in the contin	ence
Usually Continent				category,	enter 5 at	totai:		
Occasionally Incontinent						1		1
Frequently Incontinent				Mult	iplier	\	Veight	Total
Incontinent				1	Х	5	=	
					Sun	n of Conti	nence Score	<u></u>
Naiver Criteria		Meets	Criteria					
All below must be Yes to meet TBI Threshold)		Yes	No			Commer	nts:	
Age (between 16 and 65)								
Risk of Placement in a TBI Rehabilitation Facility (expl	lain)							
Traumatic Brain Injury Diagnosed								
(Upload the diagnosis documentation.)								
		"			Mee	ets Waive	r Criteria Y	es N
			I					
Current or Recent Problems and Risks		Yes	No			Commer	nts:	
*If any of the below ques		l as 'yes', a	referral to	APS or CPS is	required.			
Does the customer have any current risk of self-negle	ect?							
Does the customer have any current risk of abuse?								
Does the customer have any current risk of abuse? Does the customer have any current risk of neglect?								
Does the customer have any current risk of abuse?	on?						_	

FAI – Page 2b – Functional for **HCBS/TBI**

Customer Name			Date			
Impairment:	Yes	No		Comments:		
Impaired Vision						
Impaired Hearing						
			•			
To	tals					
Score of Cognition Deficits						
Score of Behavior/Emotional Deficits						
Score of ADL, IADL						
Score of Continence						
Met Waiver Criteria					Yes	No
				Total Score		
Has the TBI Threshold been met?					Yes	No
Comments:						

Authorization for the Release of Information

I,	, authoriz	ze
	(Name of Customer and Customer ID #) ease and/or share pertinent information in regard	
1.	Name of person(s), agency/organization(s) the information of the infor	mation may be released to and/or obtained from:
	(Name of Party)	(Organization or affiliation to customer)
	(Name of Party)	(Organization or affiliation to customer)
	(Name of Party)	(Organization or affiliation to customer)
	(Name of Party)	(Organization or affiliation to customer)
	o Contact Information o Cognitive Status o Nutrition Status o Health Status o En o Services Listed on my Plan of Care o Nar o Other (must be listed) o Other (must be listed)	vironment o Finances me and # of People Living in my Home
The Fu Eligibil to recei any fina	rpose of the Use or Disclosure: nctional Assessment Instrument (FAI) is in compliance with ity requirements for Home and Community Based Service Wa ive a waiver service through a Managed Care Organization. Tancial or in-kind compensation in exchange for using or disclosured in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand that I may inspect or copy the protected health in the Individual's Representative must read and I understand the I understand	ivers. The FAI is part of the functional eligibility process The organization requesting this Release will not receive sing the health information described above. initial the following: Information to be used or disclosed under
(Initials)	this authorization. I understand I may refuse to sign the this authorization may mean that the use and/or disclosure detections are the sum of	
(Initials) (Initials)	I understand this Release is valid for one year from today's d I understand that I may revoke this Release at any time by no writing. It will not have an effect on actions that were taken	otifying the providing organization in
(Initials)	I understand that once the uses and disclosures have been mainformation released may be subject to re-disclosure by any protected by federal privacy laws.	
(SIGN	JATURE OPTIONS ON BACK PAGE)	
To rea at (432-3	voke this consent, contact your Aging and Disab), or Kansas Departme	
Dictrib	ution. Original in Customor File Customor Conves appropriate	

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions, and my questions have been answered to my satisfaction. I authorize the use and disclosure of my protected health information for this research.

Signature of Subject	Date
Printed Name of Subject	
2. SIGNATURE OPTION 2: PERSON HAS DPOA OR GUARD	<u>IAN</u>
Printed Name of Subject	
Signature of Parent /Guardian or Legally Authorized Representative or Subject	Date (must be same as Subject's)
Printed name of Parent / Guardian or Legally Authorized Representative of Subject	
Describe relationship to subject including the legal authority this indiv (Check one below) Parent Medical Power of attorney/representative Legal guardian Health care surrogate Other; specify	
3. SIGNATURE OPTION 3: PERSON UNABLE TO SIGN AND	NO DPOA OR GUARDIAN
Signature of Witness	Date (must be same as Subject's)
Printed name of Witness	
Timed name of Witness	

Functional Assessment Instrument Level of Care Score Outcome

Customer Name (First and Last)	Beneficiary Identification Number
Upon completion of the Functional Assessment Instru	ument (FAI), the customer's level of care score has:
Met the Medicaid Waiver Thresl	hold Criteria.
Not Met the Medicaid Waiver T	hreshold Criteria.
READ THE CUSTOMER RI	GHTS AND RESPONSIBILITIES.
Right to Appeal: You have the right to a fair hearing level of care score or feel there has been undue delay request a fair hearing if you disagree with the outcome	
will be given the opportunity to explain why you disa	request within 33 days of this notice. At the hearing, you gree with this notice. You may represent yourself or a other spokesperson may represent you. Failure to request ersely affect your rights.
A Written Request for a Fair Hearing should be se	ent to:
Office of Administrative Hearings, 1020 S. Kansas A	ve., Topeka, Kansas, 66612
Rights and Responsibilities: As a customer, you muservices, and any necessary evaluations and/or audits Disability Services. You have the same rights to avail Medicaid eligibility. You have the right to equal treat situations.	able services provided to persons in your category of
My signature below indicates that I have been inform completed Functional Assessment Instrument and tha responsibilities.	ed of my level of care score outcome based on my t I have been read my customer my rights and
Customer or Authorized Representative Signature	Date
Functional Assessor	Date

<u>Civil Rights:</u> No person shall, on the grounds of race, color, national origin, age, disability, religion, or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of the Kansas Department for Aging and Disability Services and/or the Department of Children and Families. If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to the Department of Administration or the United States Department of Health and Human Services.